

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/724953</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1											
4		1											
5		1											
6		1											
7		1											
8		1											
9		8	(2)										
10		8	(2)										
11	1				1								
12		1											
13		1											
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TOTAL IND.	2						TOTAL IND.					2	
TOTAL DEP.	43						TOTAL DEP.					22	
TOTAL CLAIMS	45						TOTAL CLAIMS					24	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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